

UTILITY
PATENT APPLICATION
TRANSMITTAL

Attorney Docket No.

HUBR-1067.3 DIV

First Inventor or Application Identifier

SEIDEL, et al

Title

METHOD FOR DETERMINING EARLY HCV SEROCONVERSION

Express Mail Label No.

EL642116200US

(Only for nonprovisional applications under 37 C.F.R. § 1.53(b))

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

- 1.
- ☒
- *Fee Transmittal Form (e.g., PTO/SB/17)
-
- (Submit an original and a duplicate for fee processing)

- 2.
- ☒
- Specification Total Pages 21
-
- (preferred arrangement set forth below)

- Descriptive title of the Invention

- Cross References to Related Applications

- Reference of Microfiche Appendix

- Background of the Invention

- Brief Summary of the Invention

- Brief Description of the Drawings (if filed)

- Detailed Description

- Claim(s)

- Abstract of the Disclosure

- 3.
- ☒
- Drawing(s) (35 U.S.C. 113) Total Sheets

- 4.
- ☒
- Oath or Declaration Total Pages 3

a. ☐ Newly executed (original or copy)b. ☒ Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 17 completed)i. ☐ DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s)
named in the prior application, see 37 C.F.R. §§
1.63(d)(2) and 1.33 (b)

Incorporation By Reference (useable if Box 4b is checked)

- 5.
- ☒
- The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be a part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

ADDRESS TO:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

- 6.
- ☐
- Microfiche Computer Program (Appendix)

7. Nucleotide and/or Amino Acid Sequence Submission
-
- (if applicable, all necessary)

a. ☐ Computer Readable Copyb. ☒ Paper Copy (identical to computer copy)c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

- 8.
- ☐
- Assignment Papers (cover sheet & document(s))

- 9.
- ☐
- 37 C.F.R. §3.73(b) Statement
- ☐
- Power of Attorney
-
- (when there is an assignee)

- 10.
- ☐
- English Translation Document (if applicable)

- 11.
- ☐
- Information Disclosure Statement
- ☐
- Copies of IDS Citations
-
- (IDS)/PTO-1449

- 12.
- ☒
- Preliminary Amendment

- 13.
- ☒
- Return Receipt Postcard (MPEP 503)
-
- (Should be specifically itemized)

- 14.
- ☐
- *Small Entity Statement(s)
- ☐
- Statement filed in prior
-
- (PTO/SB/09-12) application, Status is proper and
-
- desired

- 15.
- ☐
- Certified Copy of Priority Document(s)

- 16.
- ☒
- Other: Check For Filing Fee

*** NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY
FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF
ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28)**

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☒ Divisional ☐ Continuation-in-part (CIP) of prior application No: 08/892,704

Prior application information:

Examiner: D. Wortman

Group / Art Unit:

1648

18. CORRESPONDENCE ADDRESS

☐ Customer Number or bar code label

(Insert Customer No. or Attach bar code label here)

or



Correspondence address below

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Norman D. Hanson

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Signature



Date

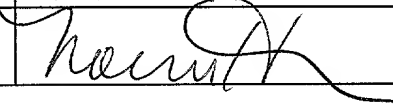
FEE TRANSMITTAL	<i>Complete if Known</i>	
	Application Number	To be assigned
	Filing Date	Herewith
	First Named Inventor	SIEDEL, et al.
	Group Art Unit	To be assigned
	Examiner Name	To be assigned
	Attorney Docket No.	HUBR-1067.3

FEE CALCULATION

(1)	(2)	(3)	(4)	(5)
FOR: Large entity	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$710.00
TOTAL CLAIMS	10-20 =	0	x 18/9.00	\$ 0.00
INDEPENDENT CLAIMS	1 -3 =	0	x 78/39.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$260/130.00	_____
			TOTAL FEES	\$710.00

METHOD OF PAYMENT

- ☒ Please charge Deposit Account No. 50-0624 in the amount of \$ _____
- ☒ A check for \$710.00 is enclosed to cover the cost of the Application filing fee.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 50-0624. A duplicate of this sheet is enclosed.

SUBMITTED BY:		<i>Complete (if applicable)</i>
Typed or Printed Name	Norman D. Hanson	Reg. No. 30,946
Signature		Deposit Account No. 50-0624
	Date: 6/28/01	